

Mr. Spencer
Cynanche Maligera

March 8th 1822

216 Washington Street Boston

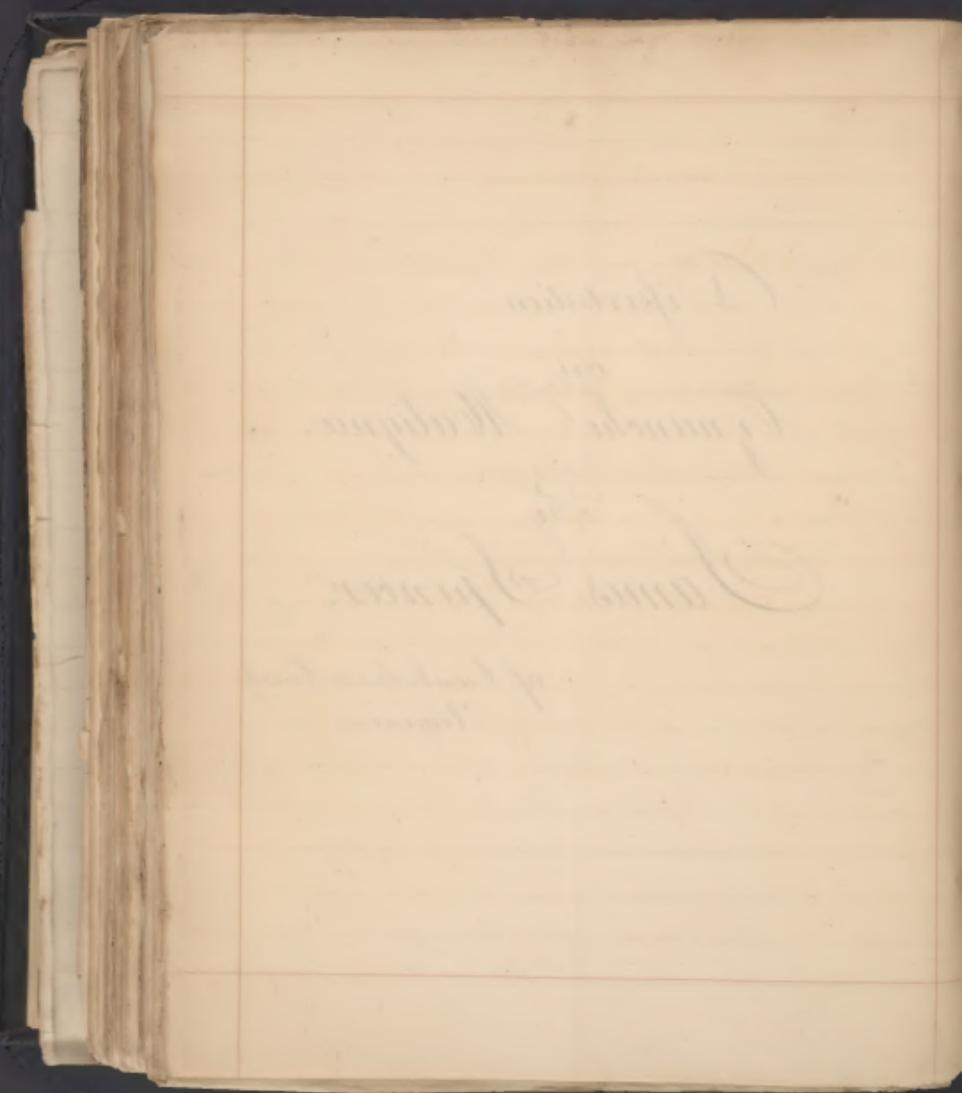
James Spencer - Virg^a

Cynanche Maligera

admitted March 25th 1822.

Dissertation
on
Cynanche Maligna.
By
James Spencer.

of Cumberland County
Virginia



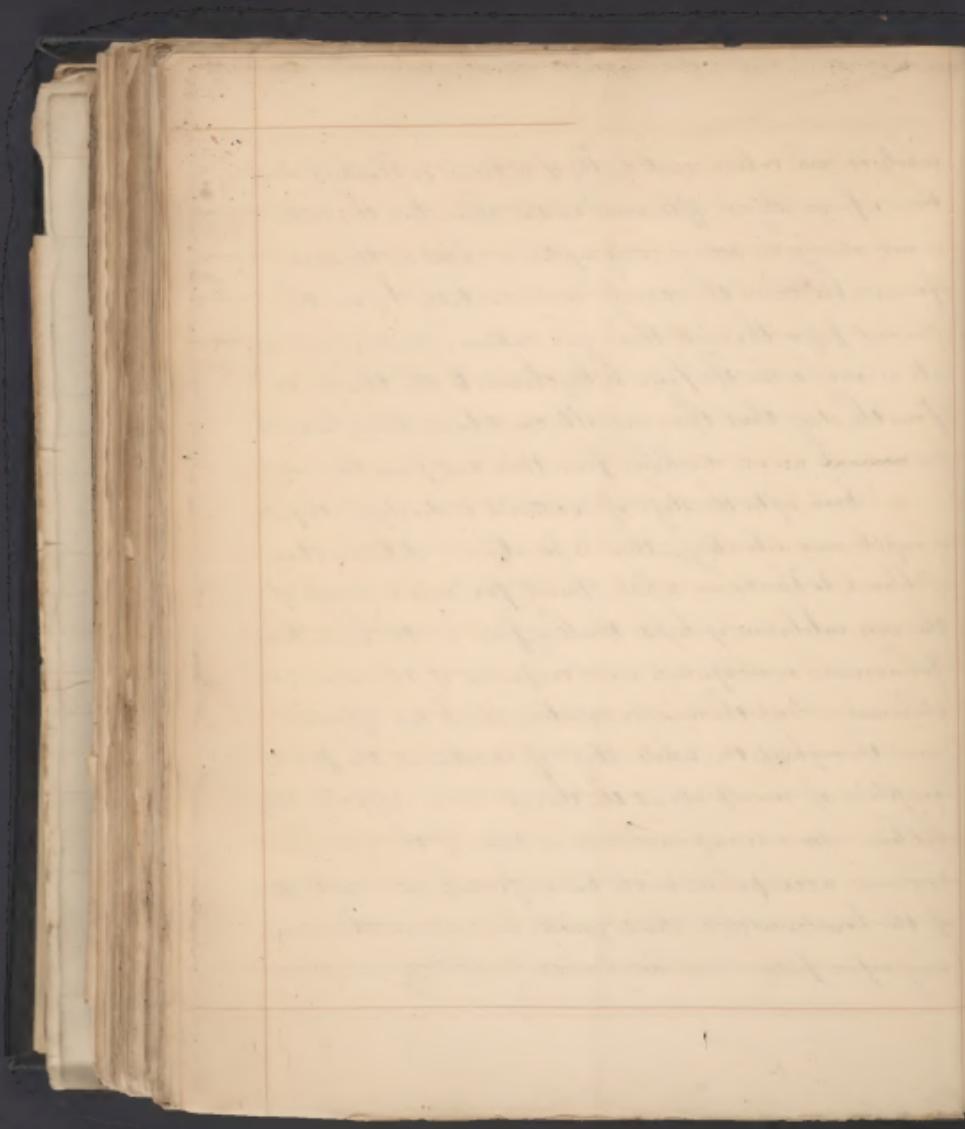
Cynanche Maligna
or
Malignant Sore Throat.

This disease is sometimes Epidemic. It attacks persons of all ages, but more commonly those in a young and infant State.

This disease is usually attended with considerable pyrexia, and the symptoms of excision to this; such as frequent colds, shiverings, sickness, anxiety, and vomiting are often the first appearance of the disease. There is also a dijection of spirits; there is sometimes a pain in the head. Sensations of heat and chilblains succeed each other until the stage of excitement is fully developed. In some cases of the disease in children it is sometimes pretty much advanced before the child expels much uneasiness. The fauces and throat upon examination appear inflamed. The fever is intense and protracted with impetuosity. Spots are soon visible on the inflamed fauces, they are at first of a deep red colour and afterwards of a

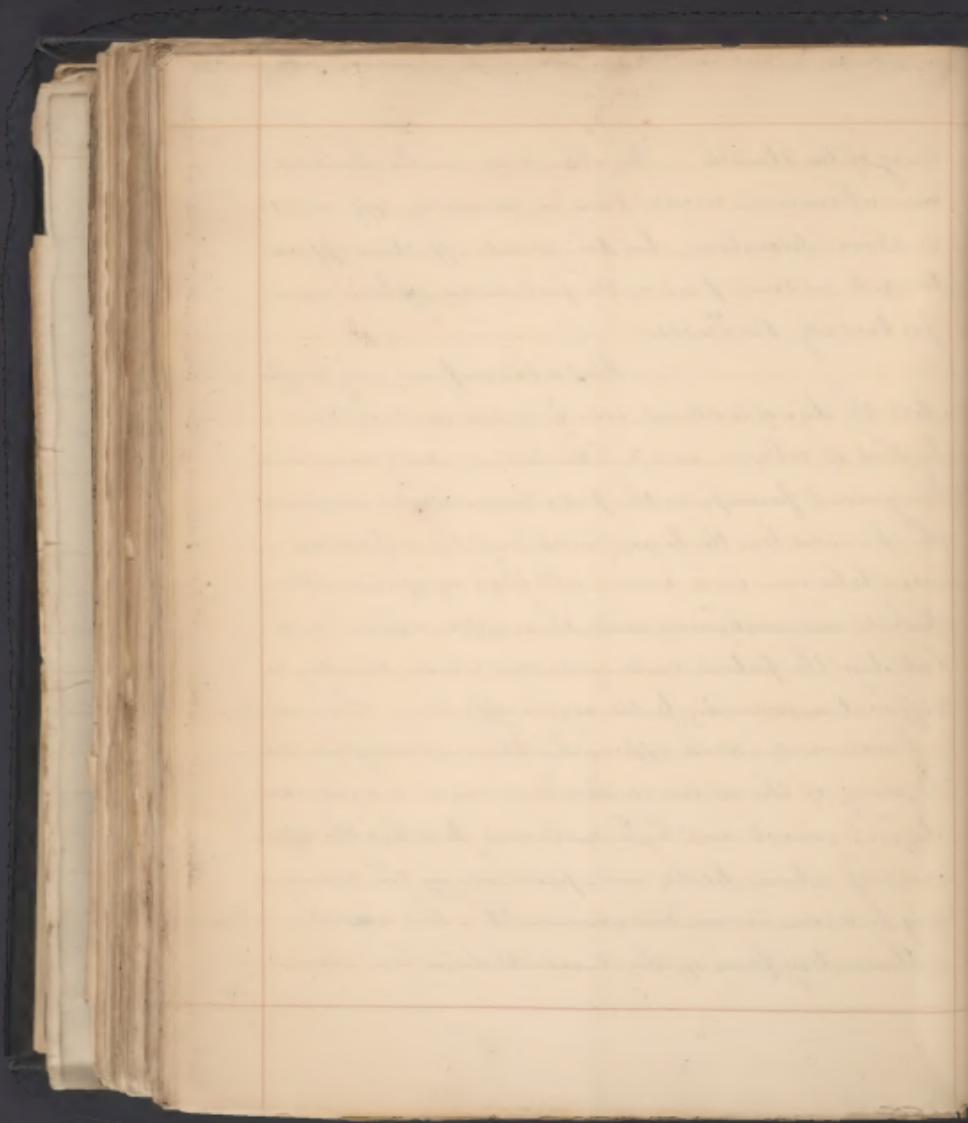
white or ash colour, and lastly of a brown or blackish colour. There is frequently an efflorescence on the skin, but this latter is not always an attendant symptom. But in the more formidable cases the disease ends mortally before the throat passes through these gradations, and in general it is only when the fever is lengthened to the third or fourth day that there are ill-conditioned sloughs, with an ~~occurred~~ acrid discharge from them and from the nostrils.

Soon after the stage of excitement is developed, the pulse is rapid and vibratory, there is sometimes a determination of blood to the brain which speedily produces a smarting of the eyes, intolerance of light, throbbing pain in the head, tinnitus aurium, watchfulness and confusion of the mind, or delirium. But the head is sometimes much less affected and throughout the whole stage of excitement the patient complains of smarting about the throat, and difficult deglutition, also a smarting and heat in some of the abdominal viscera, accompanied with tension, festness and constipation of the bowels, with a short, quick, and anxious breathing, very rapid pulse, and considerable irritability and flatu-

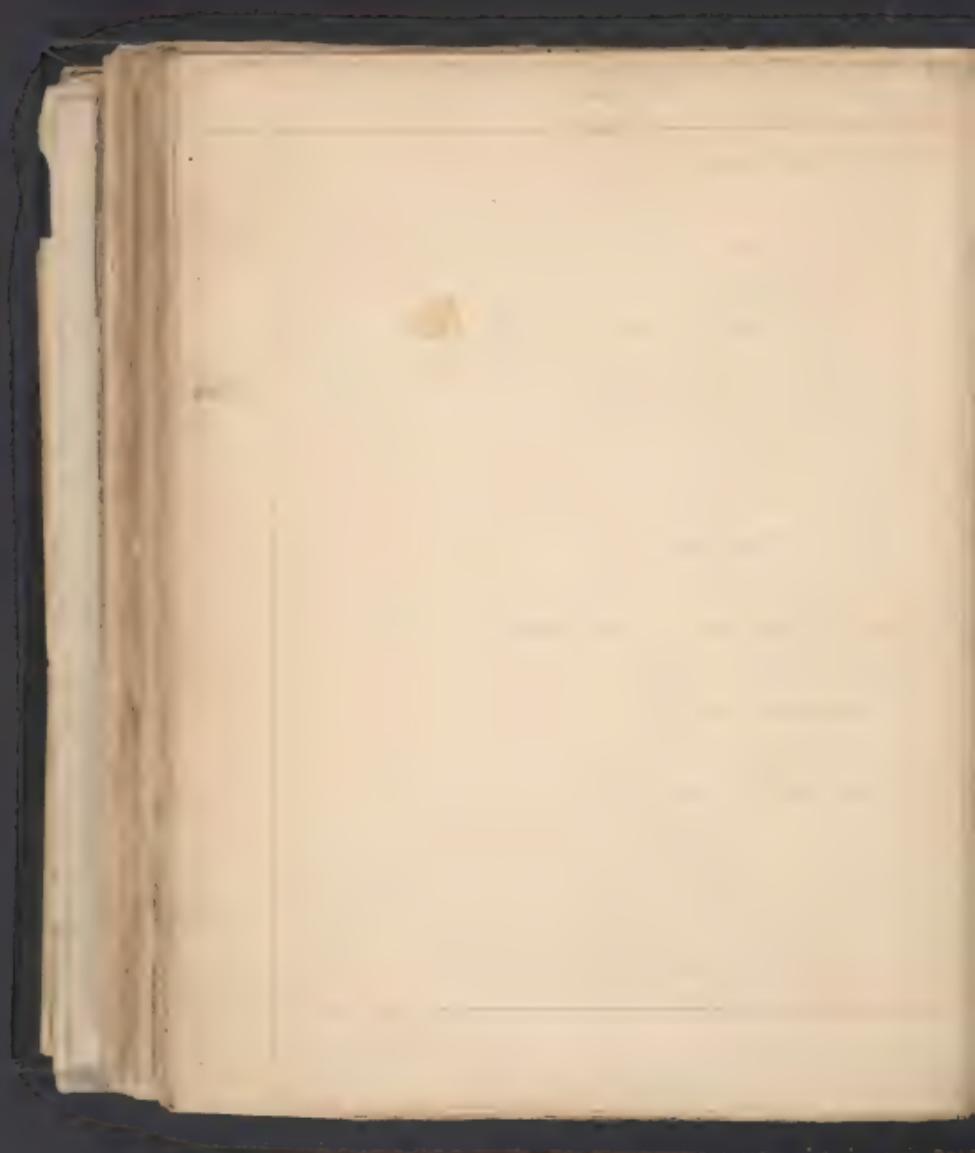


lency of the stomach. In other cases neither the head nor abdominal viscera seem so decidedly affected as above described, but the greatest affection appears to exist in some part of the pulmonary system, and particularly the Trachea.

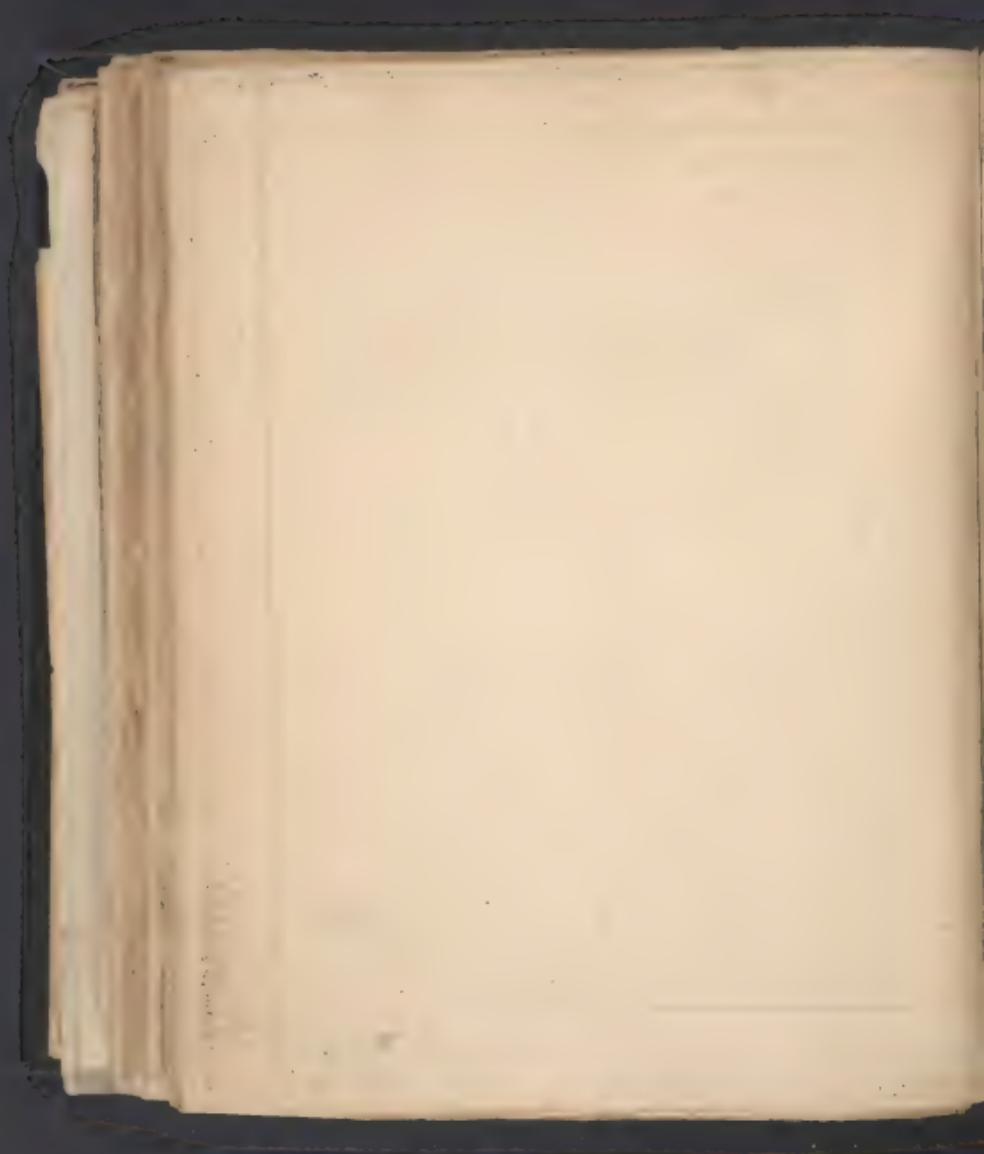
But whatever parts may be affected the stage of excitement soon gives way and is followed by that of collapse, in which the heat is greatly diminished, the general powers fail, the pulse becomes weaker and quicker, the skin more lax, the tongue fainter and the respiration more laborious; in a word, all those symptoms called putrid and malignant mark this appearance. In the last stage the patient sinks under convulsions, vomiting or suffocation according to the organs affected. But in whatever mode death approaches there is always in the beginning of the disease a marked and unequivocal stage of general and high excitement to which the appearance of extreme debility and putrescence of the last stage may be traced as mere consequence. It is this acute inflammatory form of the disease that has been denomi-



2nd ch. at the same time
you first find a number
of small and
poorly developed
and scattered
but in great
abundance
of which
you will
find a number
of which
and the great
part of which
are the
parts of the



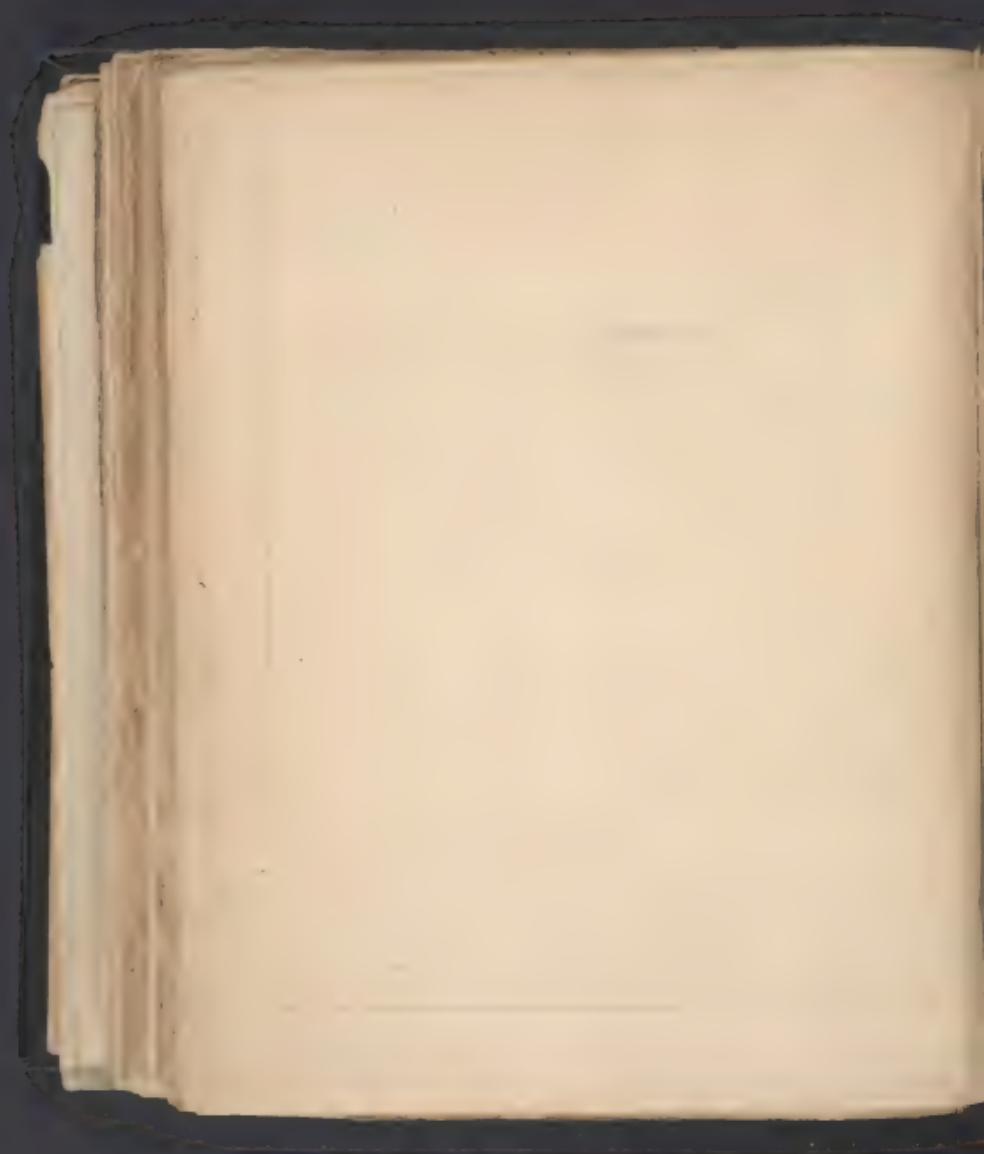
they are simply the products of previous inflammation
and to consider them in any other light would give
us most erroneous views of the nature and treatment
of both of these diseases. In all, cases of violent
coughs & sneezing the ulcerations are ~~calm~~
great heat about the chest and forehead, the face
very considerably flushed; in the afternoon the vesico-
ulation is considerable and is sometimes attended with
deterioration. in the morning there is ~~calm~~ ^{more} ~~calm~~ ^{less} ~~calm~~ ^{more} ~~calm~~ ^{less} ~~calm~~ ^{more}
so as to increase the more as attention is given that
the patient is getting well. ~~calm~~ ^{more} ~~calm~~ ^{less} ~~calm~~ ^{more} ~~calm~~ ^{less} ~~calm~~ ^{more}
the ulcerations are much increased every
evening. In some cases there is an affection of the
posterior or submaxillary glands; with these symptoms
there is frequently a coryza that associates the nostrils
and adjacent parts. If by any means, whether natural
or artificial, the excretment should be ~~calm~~ ^{more} ~~calm~~ ^{less} ~~calm~~ ^{more}
calm the morbid action subsides without deranging
the structure of any vital parts, and of course the
patient is restored to health: But if the excretment



be allowed to run on and should not be moderated, it generally advances until it produces the disorganization of some important part, and is then succeeded by fatal collapse.

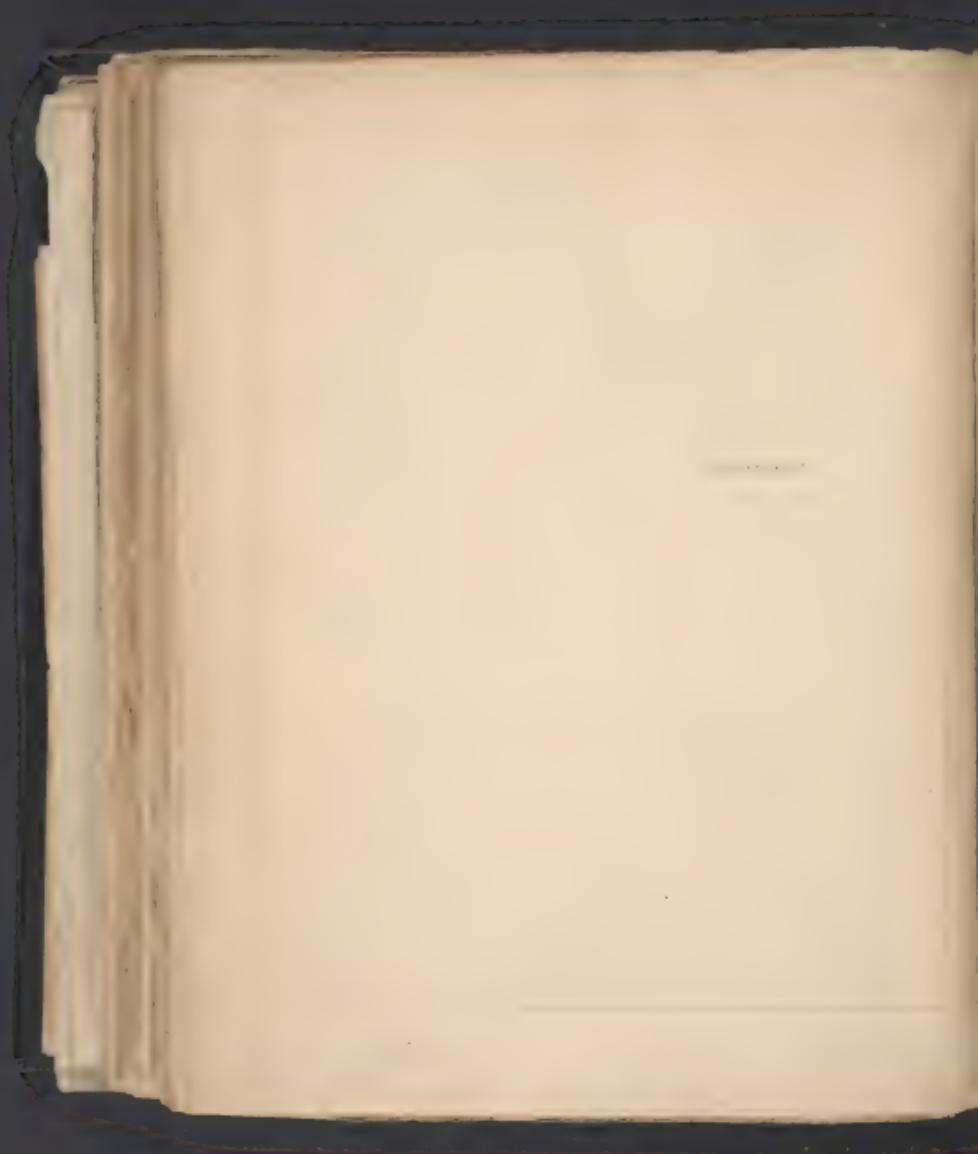
In Scarletina the excitement proceeds to the second or third week, before it occasions a mortal lesion. But in the more aggravated forms of Lobar & the Maligna as the excitement runs much higher, so it terminates life much sooner by disorganizing some vital organ. It is the opinion of Dr Chapman that there is no specific difference between Scarlet fever and Lobar & the maligna, of which there can be no doubt. But Scarlet fever does sometimes exist without any, or but slight affection of the heart. I have seen several cases of the disease in which the patient did not complain of any affection of the heart.

Scarlet fever attacks children as often as children, while, on the other hand, the maligna is almost peculiar to children, and it is often difficult for me to be certain to what it is more frequently



an atmospheric fever. The pulmonary disease
does him little by comparison. the throat, with the sup-
topical affection, are less, and the internal disor-
derments which are always the concomitants of his
diseases. From a cautious Survey of the symptoms
of this disease during life, and from the examina-
tion of several bodies of patients, I think it is an
error in stating that the brain, the stomach,
the liver, the lungs and the intestines are most fre-
quently affected in Typhus-malaria, and that
inflammation in some one of these parts, together with
the affection of the throat is generally the cause of
death.

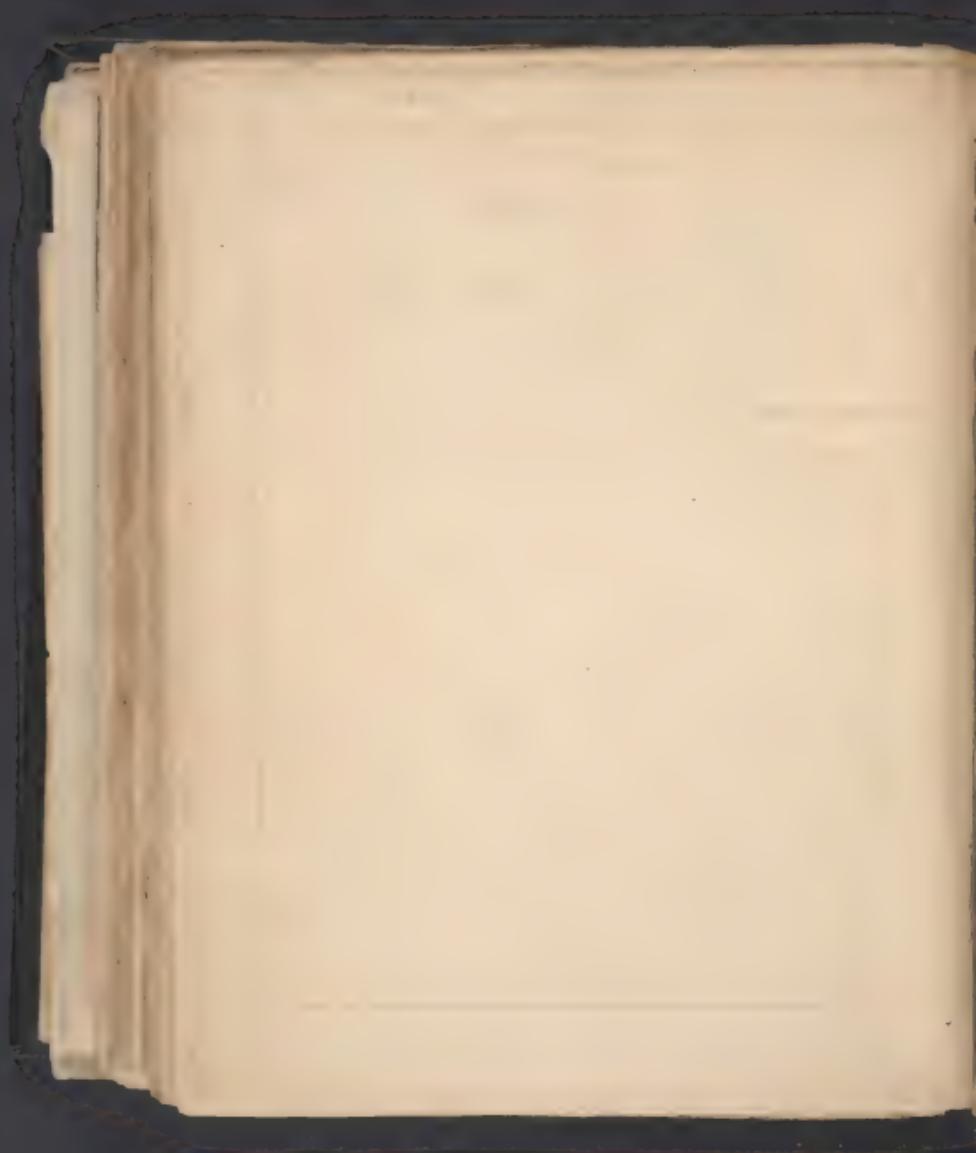
It is imprudent to disregard any particular symptom
which uniformly accompanies any fever or disease.
But, on the contrary, it is equally improper to fix the
attention so exclusively upon that particular part as
to overlook from any cause of more importance.
It must not be understood from these remarks that
I mean to direct in the least degree an attention



to the throat and fauces, for on the other hand, I think they cannot be too narrowly watched; not only with a view to infer the extension of the disease from specimen to the adjacent parts. If, however, a violent irritation in the respiration is to be offset by the disease, the elevation should be uniformly local to the fulminans or gout, and especially to the mucous membrane of the trachea which is not unfrequently affected.

I shall now speak more particularly of the congestive form of this disease.

If there is any efflorescence of the skin which is not an unavoidable symptom in the inflammatory form it may be remarked that however striking may be the latter the condition of the throat & the pyrexia, a similar condition does not prevail between the condition of the efflorescence and that of the throat; for there is sometimes a considerable affection of the latter, when the former is partial and even evanescent. The efflorescence is neither so



much diffused nor of so vivid a colour as in the inflammatory form of the disease, and it is longer
and more liable to disappear, and leave a slightly
pallid state. nor are the lips and sides
of the tongue of so bright a colour as in the inflam-
matory state. Soon after the commencement ^{of} this
state the mind is often much deranged. the patient
is in a state of dullness and confusion. the eyes
sometimes appear vacant, and the pupils dilated. Yet
in some instances the intellect appears clear for a time
though unawares is always felt in some of the viscera,
or often long before the rest of the body.

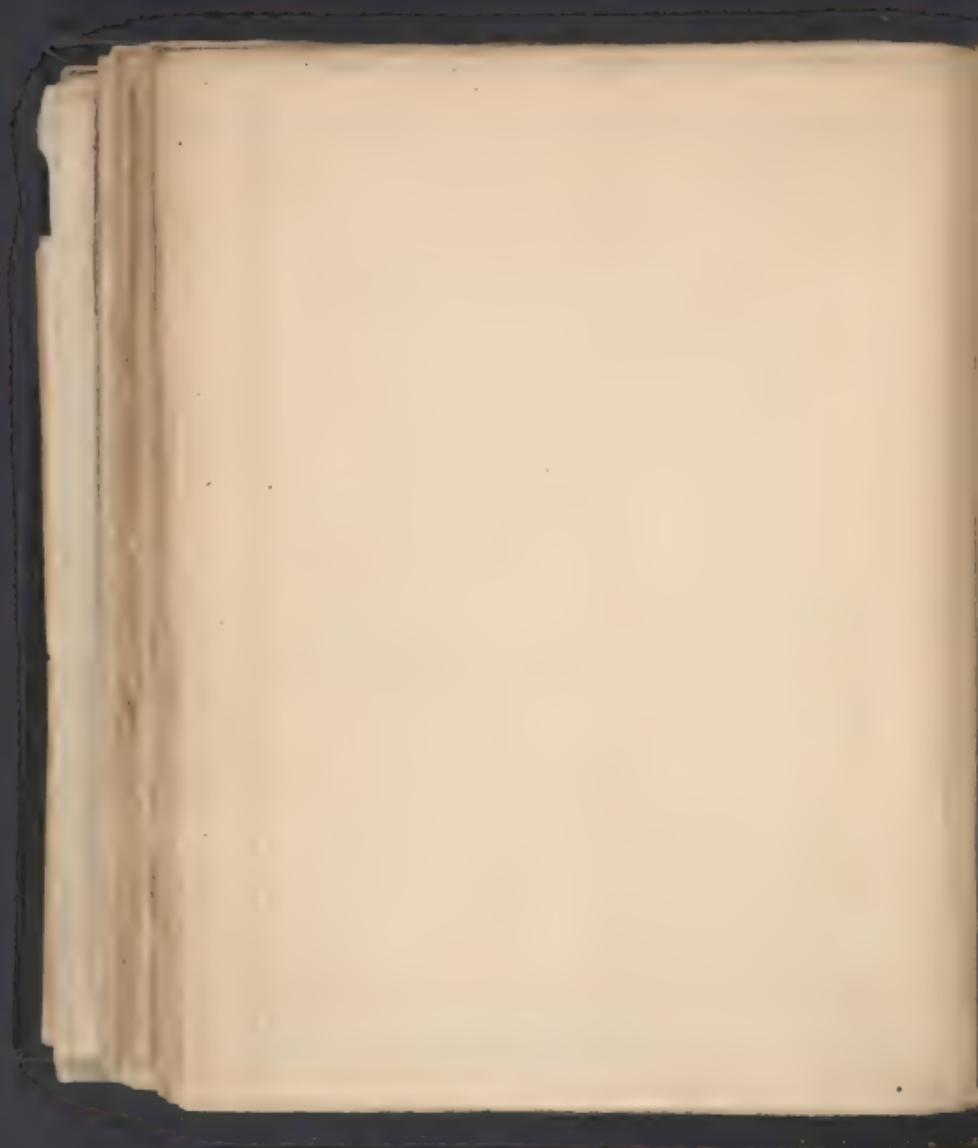
Delirium is not very common at first, but very
often ~~it~~ ^{it} appears afterwards, and is generally
a conspicuous symptom in the advanced stage.
The tongue becomes much fester, the Stomach is flatulent,
the bowels impeded, and the constipation
prolonged. The patient is then
subjected to violent fits of convulsions
and delirium, which may last for hours.



of life. The pulse is low and variable. This form of the disease is sometimes protracted to the end of several days; when it ends succinctly the recovery is very slow, owing to the great collapse which succeeds to the state of imperfect excretion. If it be not actively treated soon after the attack, this as far as possible, purgatives, & even a strong dose of Senn. Sicc. (op. rect. of 15. lbs. in. tis. No. 145. or else a purgative poultice of the spleen) the most speedy arrested; they may gradually excreted by such a process as is best known by the following symptoms, & low muttering delirium, by vomiting, purging, or apparent suffocation, according to the most marked effect.

Towards the conclusion of this disease there are frequently appearances of intyphlebia, oozing of black blood from the nose & mouth.

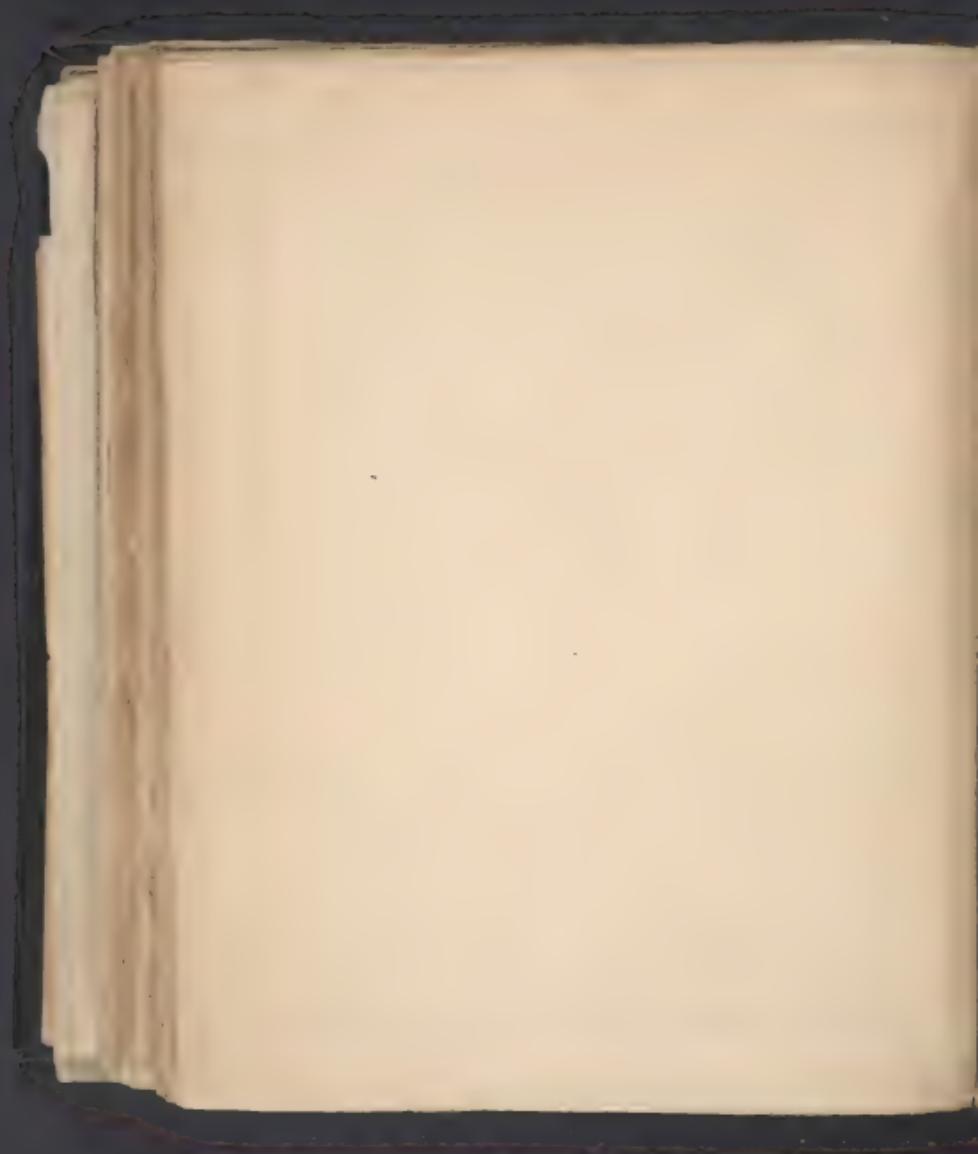
Its treatment. The disease is perhaps more rapid in its progress than this; or at least than the more inflammatory forms of it. When, therefore, the excretive stage is once fairly reached it is absolutely necessary to act with the greatest decision, since every



moment of time is the most precious. If I had to be allowed to possess one tool of life, with which to do all its occasions the havior as a reputable part, and the con-
duct of a whole gentleman, poor, or rich, or of any
rank or quality located common to them, or to any one of them,
and for this purpose should select the languaged Antinous,
as that in completeness and perfection is not to be equalled,
and of any other language it offers nothing.

to a t^h and its half for a t^h hour and
the money now is to pay for copper & insulation
and the cost of labor a large share of the
cost is labor in the case. If therefore
there is a sufficient amount of work to be bid
without having to bid a t^h hour and not
a t^h of work of the same kind, then it
is a good ~~method~~ to bid prices copper in a
t^h hour the man in copper bid for most
work.

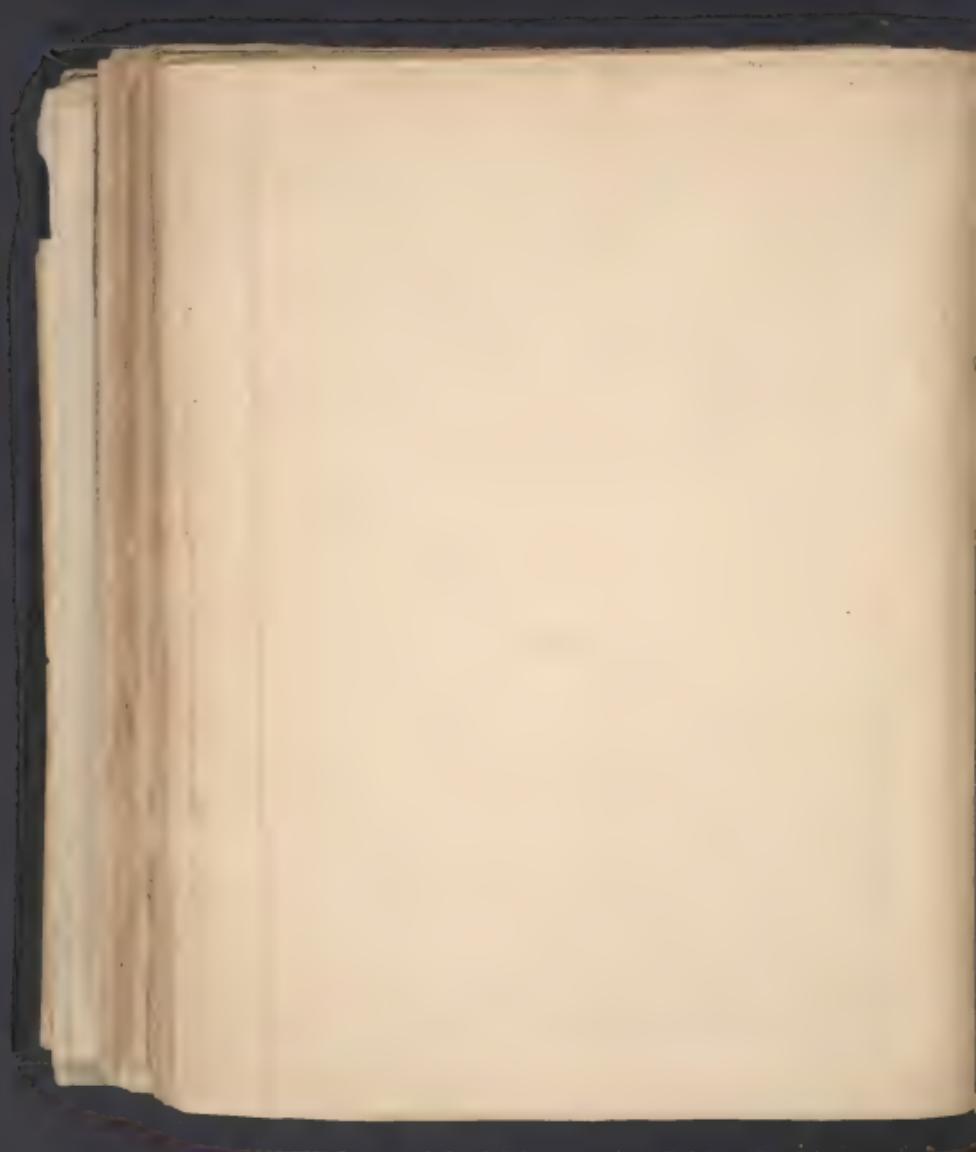
I am much determined to live to see
a noble English Constitution made, to



application of cool water and vinegar to it will be found
very serviceable. After bleeding we should endeavour
to get the bowels freely and frequently open by the
use of Calomel or Tartar and perhaps in the same
one of the neutral Salts. Calomel appears better adapted
to this disease than any medicine which we can employ.

The discharge from the bowels appear of a brown
or black colour, and the patient it hard to afford on
receiving large doses, and sometimes a frequent repetition
of the purgative is necessary for their operation.

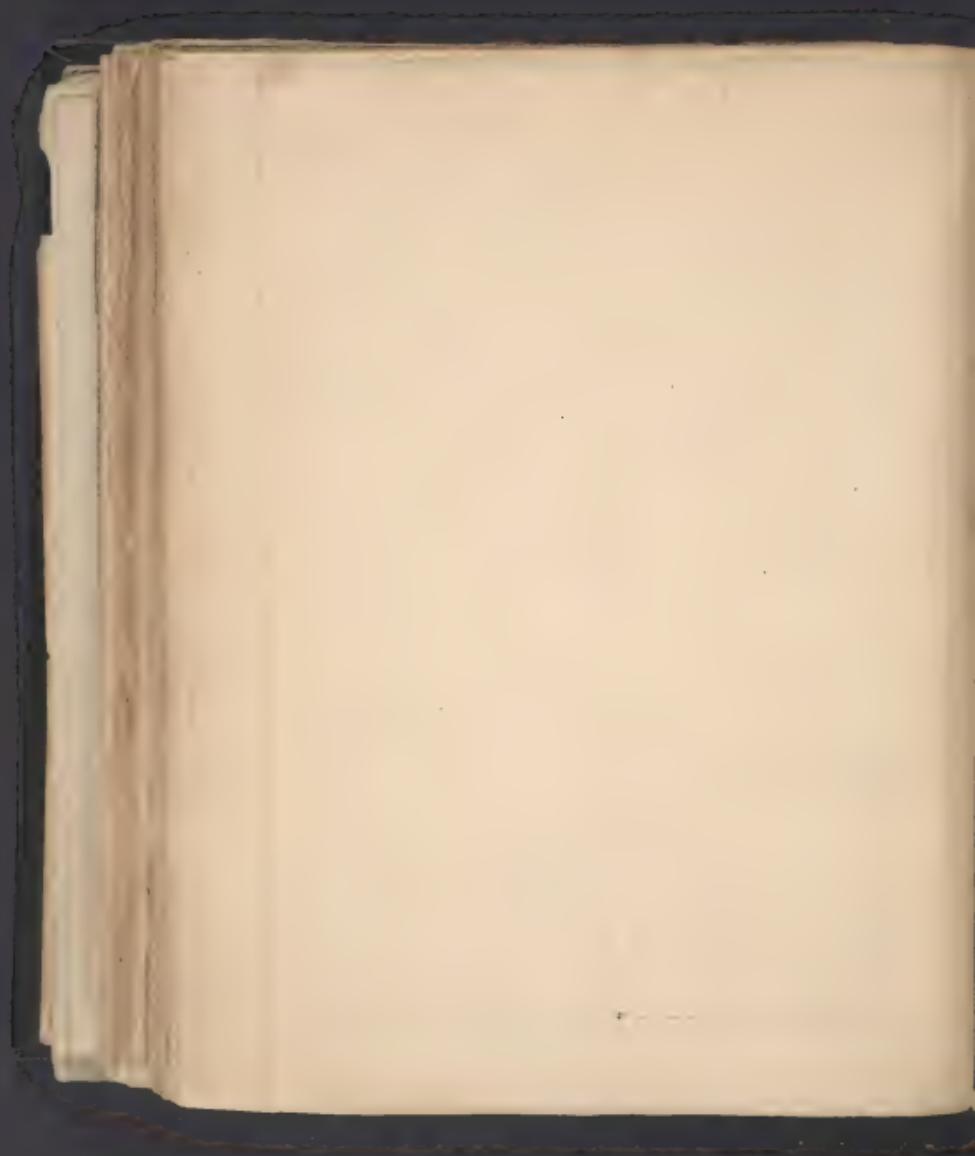
It is often necessary to administer
a cathartic to the bowels. This may
be given in a small quantity if it
does not offend the patient. It
is, however, sometimes necessary
to give a strong cathartic on
some occasions, and in such cases, if
the patient is not accustomed to it, it
is necessary to give it in small
doses, and to let the patient have
a small quantity of water.



ates, and the mucilaginous streaks, such as lined
the rectum became bloody, we should use the Calomel oil
and leave off the use of Calomel for a time, after reducing
the heat and the rectal discharge, the
next violent attack will not be so violent,
as it is at first, and a dose of Calomel oil
will have a powerful effect within 24. or 36. hours after the first attack, a
few days will pass, and from what I have seen, of this disease that nothing short
of Calomel oil can cure it, if not
completely.

I have seen many cases of this
disease, and it always seems to
have but one cause.

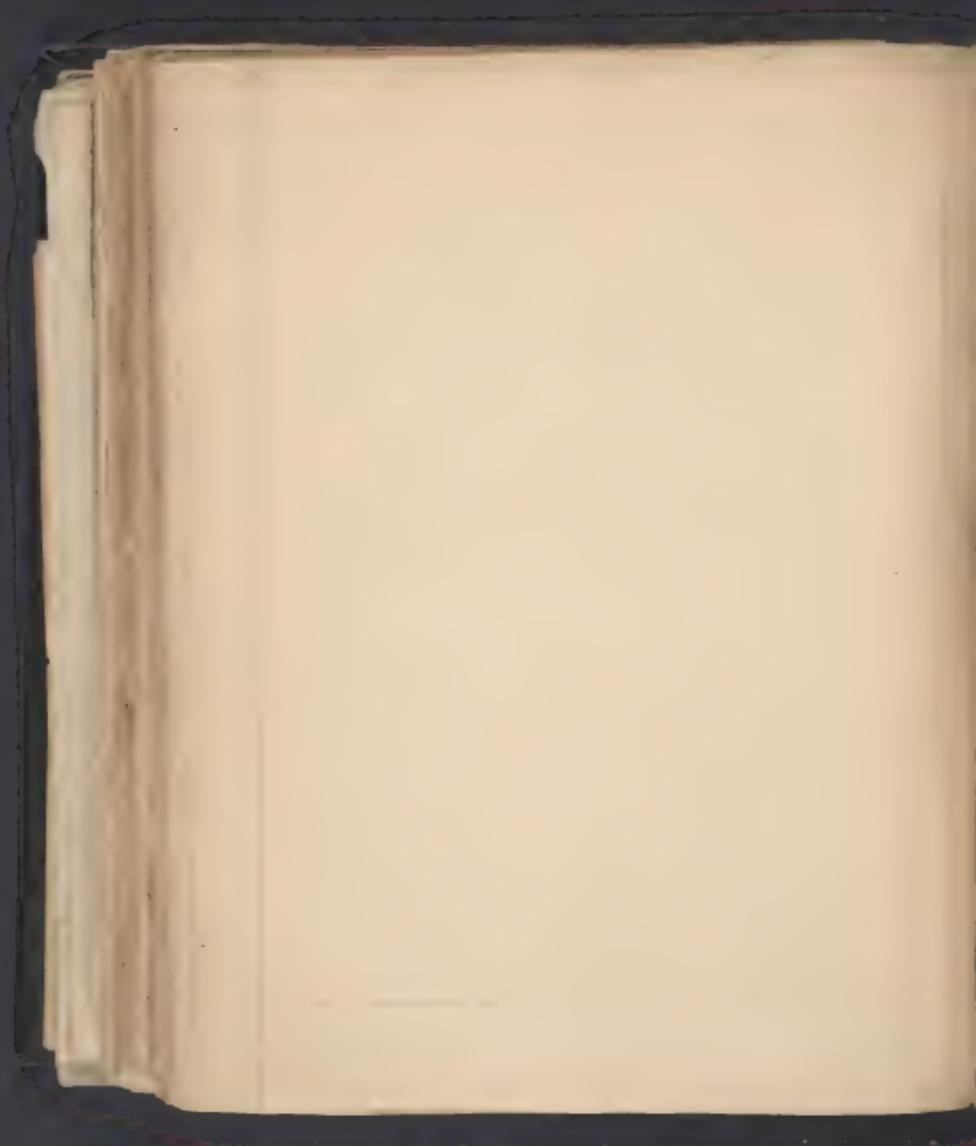
The first thing to be done is to im-
merse the person in water, such as is
to be had in the sea, and if
it can be had, the person should



time a difference of the same amount of time
and a full month you will find a
difference in the value of the same article
of the same quality as before. The reason is that
the value of the same article will be
less in a short time by one half and will be
less in a longer time by a second half
and so on until the article is reduced to
the minimum value of the time.

It is a little equal to the last time
but the portion of the article
of the same value is less, and that is to
say the value is reduced to one half of the time
the last time is one third of the time
the last time, and so on in this manner
until you come to a little more than half.

So then here helps a moderate expense
for the same time, which is not
so little as other capital has been in the past
expences are highly serviceable. If you
put up this article standing. Wine is generally



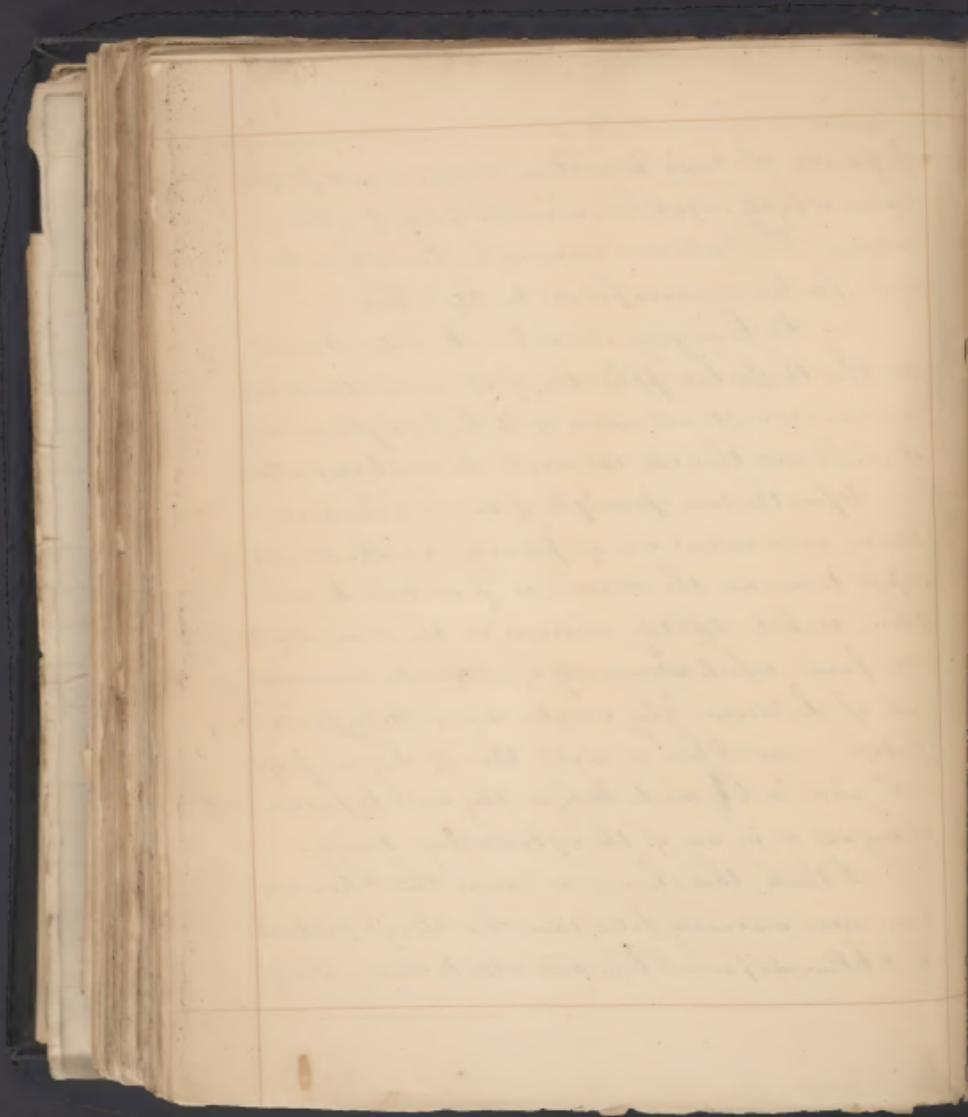
73.

purpura, the Sendi sometimes answers a good purpose. Opium is highly useful here, as in all diseases of a similar nature. The Barks and various other tonics have been used, far too numerous for me to detail here.

In bringing my observations to a close, I must say that the violent application of the means above recommended would not answer in the highly inflammatory stages. & and this use would be inevitably mortal.

Upon the same principle if we use a moderate bleeding in a violent case of phlebitis, we should not expect to remove the disease, or if we were to use those violent depletory measures in the more advanced form, which are usually used in the commencement of the disease, they would undoubtedly prove fatal. And I have no doubt that if they are properly used in Oxyananche Maligna they will be found as useful as in any of the inflammatory diseases.

I think that there is no disease that I have seen, more universally fatal than this; though fortunately, I believe, so far as I have been able to observe, it is of



16

comparatively rare occurrence.

It will be perceived that I have not gone into details as to remedies, but have spoken of them in a very general way. But I hope that my observations have been sufficiently minute to give a pretty good idea of the mode of treatment I have suggested.

I have seen this method tried in a number of cases and I am led to believe that it will prove to be almost universally successful, if judiciously applied.

